
**CITY OF NORTH LITTLE ROCK
TREATMENT EXPANSION FOR PREGNANT
AND POSTPARTUM WOMEN
NORTH LITTLE ROCK, ARKANSAS
TI12346**

GRANTEE STAFF

Authorized Representative

Patrick H. Hays
Mayor
City of North Little Rock
P.O. Box 5757
North Little Rock, AR 72119
(501) 340-5301 phone

Project Director

Dan Scott
City of Little Rock
P.O. Box 72119
North Little Rock, AK 72119
(501) 340- 5394 phone
(501) 340-5314 fax
neighserv@aristotle.com

Evaluation Director

Leanne Whiteside-Mansell, EdD
UAMS University Affiliated Program
501 Woodlane, Suite 210
Little Rock, AR 72201
(501) 682-9900 phone
(501) 682-9901 fax
whitesidemansellleanne@exchange.uams.edu

Contact

Cynthia Crone
UAMS Department of Psychiatry
AR Cares
4301 West Markham, Slot 711-1
Little Rock, AR 72205
(501) 661-7983 phone
(501) 661-7985 fax
cronecynthia@exchange.uams.edu

SAMHSA/CSAT STAFF

CSAT Project Officer

Linda White Young
5600 Fishers Lane
Rockwall II, Suite 740
Rockville, MD 20814
(301) 443-8392 phone
(301) 443-3543 fax
lwhite1@samhsa.gov

SAMHSA Grants Specialist

Kathleen Sample
5600 Fishers Lane
Rockwall II, Suite 630
Rockville, MD 20857
(301) 443-9667 phone
ksample@samhsa.gov

PROJECT DESCRIPTION

Cluster Group Affiliation—Women and Children

Congressional Districts Served— Arkansas 11th

Purpose, Goals and Objectives— The purpose of the project is to expand the capacity for providing effective, comprehensive, and culturally appropriate residential treatment for an additional 32 pregnant and postpartum, dually diagnosed women and their infants and children under 12 years of age in the first year of the grant and 54 in year 2 and year 3.

Goal 1: Expand availability of comprehensive, family-centered and culturally competent residential treatment in Pulaski County for predominately African American, dually diagnosed, pregnant and postpartum women and their children under 12 years of age.

Objectives for Goal 1: 1.1) recruit target population families from those referred by collaborating agencies and other sources, 1.2) immediately expand availability of residential treatment slots by 9 families in year 1 at AR CARES, 1.3) open an additional 3 slots at AR CARES in year 2, 1.4) within 3 months of grant award, open 12 new residential slots to serve 36 families annually at Eastgate Public Housing Project in North Little Rock (NLR), 1.5) create transitional housing opportunities through the NLR and Little Rock (LR) Housing Authority.

Goal 2) Improve outcomes for chemically dependent mothers

Objectives for Goal 2: At the end of the grant mothers who complete the program 2.1) 75 percent will be drug free, 2.2) 80 percent will be in an educational program 2.3) a statistically significant number will report decreased symptoms of depression or other mental health diagnoses, 2.4) 75 percent will have experienced no arrest/re-arrest, 2.5) 75 percent will report stable, safe living environments, 2.6) 80 percent will report decreased risk factors for HIV infections, and 2.7) 50 percent will have completed treatment.

Goal 3: Improve outcomes for infants and children of mothers who receive residential treatment.

Objectives for Goal 3: Of infants whose mothers receive prenatal treatment 3.1) 90 percent will be born drug free, 3.2) 80 percent will be of normal birth weight, 3.3) 80 percent will show normal growth and development, 3.4) 90 percent will have up-to-date immunizations, and 3.5) 80 percent of enrolled school children will have decreased reports of behavioral problems.

Goal 4: Improve family interaction skills and self-efficacy among mothers who receive residential treatment
Goal 4 objectives: In the year after residential treatment 4.1) mothers will report and demonstrate improved family interaction skills, 4.2) children will be at less risk of child abuse and neglect, 4.3.) Mothers completing treatment will report greater self-efficacy.

Goal 5: Sustain a successful residential treatment program for pregnant and postpartum women and their families after 3-year SAMHSA funding.

Goal 5 objectives: 5.1) continued meetings of the Therapeutic Community Steering Committee, 5.2) maintain AR CARES Foundations Board as strong community advocate, 5.3) increase community awareness for need of residential treatment for target population, 5.4) secure ongoing funding commitments from community partners, and 5.4) initiate contracts with private foundations interested in program goals and target population.

Target Population/Geographic Service Area— The population targeted for this grant includes all substance abusing women with children under 12 years of age in Pulaski County, Arkansas.

Theoretical Model— A modified version of the Therapeutic Community model (DeLeon, 1995) will be used as the basis upon which the proposed treatment program will be designed and implemented.

Service Providers—The City of Little Rock will contract with AR CARES, the County’s only treatment program for substance abusing women and their children, to expand the capacity for effective, family-focused, and culturally competent treatment of pregnant and postpartum women with children.

Services Provided—Within the therapeutic community of the proposed residential treatment program, mothers and their children will be exposed to a behavioral relearning process that incorporates positive reinforcement and negative sanctions within a self-help modality that results in a stable change in behavior, attitudes, and values. In brief, services provided in this program will be delivered within a therapeutic community composed of three distinct environments: 1) community separateness which provides private space for each resident, 2) community environment which provides an environment to promote a sense of commonality, affiliation and right living and recovery, and 3) community activities which include peer activities group counseling and mentoring. Within this three phase therapeutic model, comprehensive, multi disciplinary, and culturally competent services will be delivered including integrated behavioral/physical health services, child care, mentoring, and service coordination.

Number of Persons Served— The project seeks expand its capacity to serve an additional 54 pregnant and postpartum, dually diagnosed women and their children per year in Pulaski County, AR.

Desired Project Outputs—By the end of the grant period, it is expected that the availability of comprehensive, family-centered substance abuse services will have been expanded by at least 54 slots annually for substance abusing pregnant and postpartum mothers and their children under 12 years of age, that clients who complete the treatment regimen will evidence substantial improvement in sobriety, life skills, and self-efficacy, and that the program will be sustained through local and private funding sources.

Consumer Involvement-- A collaborative between more than 30 community stakeholders met on a monthly basis from early 1999 to design a coordinated, cooperative therapeutic community treatment methodology for the treatment of substance abusing mothers and their children in Pulaski County that includes pretreatment, comprehensive residential treatment, and aftercare.

EVALUATION

Strategy and Design— The evaluation will consist of both process and outcome assessments. Process assessment will document the number of clients served, the multidimensional aspects of service components provided, and information for program improvement and sustainability. Outcome assessment will provide information to assist in determining the extent to which programmatic goals and objectives were obtained.

Evaluation Goals/Desired Results—The evaluation seeks to document the number of clients served, the multidimensional aspects of service components provided by the TC model, and provide information for program improvement and sustainability.

Evaluation Questions and Variables-- Not specifically stated.

Instruments and Data Management—In addition to the GPRA, data collection instruments for mothers will include the following: 1) AR CARES Client Satisfaction Survey; (2) the Addiction Severity Index; (3) Outcomes of Addiction; (4) Family Cohesiveness Scale; (5) Intake/Follow-up Demographic Update Form; (6) Home Observation of Measurement for the Environment; (7) Wide Range Achievement Test; (8) Adult/Adolescent parenting Inventory; (9) Self-Efficacy Questionnaire; (10) Modified Neighborhood Characteristics Questionnaire; (11) AIDS Risk Assessment; and (12) Beck Depression Inventory. Data

collection instruments for children will include the following: (1) Denver Developmental Screening Test II; (2) Things I Have Seen and Heard; and (3) Child Behavior Checklist. AR CARES staff will complete the AR CARES Staff Satisfaction Survey to gauge staff contentment with conditions at the service provider.

APPROVED FUNDING LEVEL

01: \$700,000 02: _____ 03: _____

Funding Start Date 9/00

Funding End Date 9/03